

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Greene

Serial No.:

10/667,751

Filed:

09/22/2003

For:

External Fixation Device for Cranialmaxillofacial Distraction

Art Unit:

3732

Examiner:

REQUEST TO CORRECT INVENTORSHIP **UNDER 37 CFR 1.48(a)**

This communication is a request to amend the application as filed to correct the inventorship under 37 CFR 1.48(a).

The application was filed with an executed declaration naming Michael T. Greene as the sole inventor.

The correct inventorship is Michael T. Greene and Thomas S. Johnston.

The following documents are attached:

- a newly executed declaration by both co-inventors; (1)
- a statement from Thomas S. Johnston that the error in **(2)** inventorship occurred without deceptive intent;
- the processing fee of \$130 as set forth in 37 CFR 1.17(i); (3)

01/20/2004 GHORDOF1 00000022 (4) written consent of the assignee

01 FC:1460

130.00 DP

The undersigned certifies that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.

Respectfully submitted,

Thomas C. Saitta, Reg. No. 32102 Attorney for Applicant

Rogers Towers, P.A. 1301 Riverplace Blvd. Suite 1500 Jacksonville, FL 32207 904-346-5518 904-396-0663 (fax)

PTO/SB/01 (08-03)

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Attorney Docket Number

T0217 1011 T0217.10.U **DECLARATION FOR UTILITY OR** First Named Inventor Greene et al. DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** 10/667,751 Filing Date 09/22/2003 Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge

	Filing	required	(1.16 (e)) d)	Examiner N	lame				/	
I hereby declare that:										
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
External Fixation Device for Cranialmaxillofacial Distraction										
								:		
(Title of the Invention) the specification of which										
	is attached hereto									
	OR									
	was filed on (MM/DD/Y	YYY)		as Uni	ted States Ap	plication Nu	mber or P0	CT International		
Applic	cation Number		and was amende	ed on (MM/[DD/YYYY)			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prio	r Foreign Application Number(s)	Country	Foreign Filin (MM/DD/Y)		Prior Not Cla		Certified (Yes	Copy Attached? No		
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	Additional foreign applicat	tion numbers ar	e listed on a supp	lemental pr	iority data she	et PTO/SB/	02B attach	red hereto.		

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	er Number:				OR	V	Corres	pondence address below	
Name			· · · · · · · · · · · · · · · · · · ·							
Thomas C. Saitta - Rogers Towers, P.A.										
Address										
1301 Riverplace Boulevard - Suite 1500										
City				State	•				ZIP	
Jacksonville			Florida					32207		
Country	Telephone	Fax								
US	904-346-5	904-396-066			396-066	3				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Name						Family			——————————————————————————————————————	
(first and middle [if any]) or Surname Greene					•					
<u> </u>	•									
Inventor's									Date / /	
Signature /									1/11/04	
Residence: City	State			Cour	ntry			Citize	nship '	
Jacksonville Florida			us			us				
Mailing Address P.O. Box 50249										
City	y State				ZIP				Country	
Jacksonville	Florida				32250				US	
NAME OF SECOND INVENTO	R:				Α	petition I	nas bee	n filed t	for this unsigned inventor	
Given Name Family Name										
(first and middle [if any]) or Surname _{Johnson}										
Inventor's Signature None Soldan Date 1/11/04										
Residence: City State		1		Country			Citize		enship / /	
Jacksonville Florida				US			us			
Mailing Address P.O. Box 50249										
City	State				ZIP			Count	try	
Jacksonville	Florida			32250 US				us	3	
Additional inventors or a legal re	enresentative are he	ing named on	the	unplem	ental s	heet(s) PT	O/SB/024	or 021 R	attached hereto.	
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Art Unit:

3732

Examiner:

STATEMENT BY ADDED INVENTOR

This application was filed naming incorrect inventorship, in that the undersigned was omitted.

The undersigned states that the error in inventorship in this matter occurred without deceptive intent.

Thomas S. Johnston

Date



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CONSENT OF ASSIGNEE TO CORRECTING INVENTORSHIP

This application was filed naming incorrect inventorship, in that only inventor Michael T. Greene was designated as inventor, when the true inventors are Michael T. Greene and Thomas S. Johnston.

Inventor Michael T. Greene executed an assignment document on September 17, 2003, assigning the rights in this application to KLS-Martin, Inc.

The undersigned assignee hereby consents to correction of the inventorship in this application to properly reflect co-inventors Michael T. Greene and Thomas S. Johnston.

KLS-Martin, Inc.

By:

duly authorized to act on behalf of

KLS-Martin, Inc.

1/2/04

Date